

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County Prin Anne 3

City or town Indian Mills Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pa County Phil

City or town Phil
(If outside city or town limits, write RURAL and give nearest town)

Street No. 237 Hurst Ave
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME

John Reinick Augney
4 Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

3. (b) Social Security Number

none

6. (b) Name of husband or wife Bessie J Augney

6. (c) If alive, give age 7 years

7. Birth date of deceased (mo., day, yr.) Feb 9, 1860

8. AGE: Years 88 Months 9 Days 27 If less than one day — hrs. — min.

9. Birthplace Phil Pa
(Town, county, and state)

10. Usual occupation Customs Inspector

11. Industry or business —

12. Name Wm Muir Augney

13. Birthplace Phil Pa

14. Maiden name Augney

15. Birthplace Indian Mills

16. Informant Dorothy Wallace

Address Indian Mills Md

17. Burial Date thereof Dec 18 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Waldenfield Baptist Cemetery

Location Waldenfield N.J.

18. Funeral director Edgar L. Lane

Address Millington Md.

19. Dec 7 19 48 Edgar L. Lane
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6 19 48 at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 19 48, to Dec 6 19 48, and that I last saw him alive on Dec 5 19 48

Immediate cause of death Cardiac Disturbance DURATION —

Due to Chronic Myocarditis

Due to Acute Salmon

Other conditions Swelling

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE C. D. F. F. F. M. D. or other

Address Indian Mills Md Date signed 12/6/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 3 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Queen Anne's
City or town Rural Centerville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all his life
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Queen Anne's
City or town Rural Centerville
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

Eljah Burton Green

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Mary Quincy

7. Birth date of deceased (mo., day, yr.) November 17 - 1868

8. AGE: Year 80 Month 0 Day 19 If less than one day _____ hrs. _____ min.

9. Birthplace Centerville 2nd C. Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Eljah B. Green

13. Birthplace Delaware

14. Maiden name Mary ?

15. Birthplace Do not know

16. Informant Mrs Joseph R. Bayles

Address Centerville Maryland

17. Burial, cremation, or removal (Which?) Burial Date thereof Dec 9-48
(month) (day) (year)

Cemetery or place of burial Centerville

Location Centerville Maryland

18. Funeral director Barton Ross

Address Centerville Maryland

19. 12-9-48 Eljah Armatrong
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 - 1948 at 2 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 3 - 1948 to Dec 7 - 1948

and that I last saw him alive on Dec 7 - 1948

Immediate cause of death _____

Cerebral hemorrhage

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. Henry Frolier M. D. or other _____

Address Centerville Md Date signed 12/8-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 13 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH

County Queen Anne's
 City or town Ludersville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred: _____

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Queen Anne's
 City or town Ludersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Nathan A. Johnson

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Bessie May

7. Birth date of deceased (mo., day, yr.)

Aug 12, 1870

6. (c) If alive, give age _____ years

8. AGE:

7344

It less than one day

hrs.

min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Retired Merchant

11. Industry or business

General Store

MOTHER

12. Name

John W. Johnson

13. Birthplace

Maryland

14. Maiden name

Mary E. Littlefield

15. Birthplace

Maryland

18. Informant

Mrs. Bessie M. Johnson

Address

Ludersville MD

17.

(Burial, cremation, or removal. Which?)

Date thereof

Dec 19, 1948
(month) (day) (year)

Cemetery or crematory

Ludersville

Location

Ludersville, Md.

18. Funeral director

Edward V. Lowe

Address

Milington Md

19.

(Date rec'd by registrar)

12/181948Edgar L. Lane

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec 1619 48 at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 119 48 to Dec 1619 48

and that I last saw him alive on

Dec 1519 48

Immediate cause of death

Acute Pulmonary Edema

DURATION

Due to

Acute Cardiac Disturbance

Due to

Chronic Myocarditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

C. H. Updegrave

M. D. or other

Address

Ludersville MdDate signed 12/18/48

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JAN 3 1949

BUREAU V. B.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diet. No. 251

1. PLACE OF DEATH:

County Green AnneCity or town Church Hill
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County Green AnneCity or town Church Hill
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Alice A. Mac Ronald

3. (b) Social Security Number

4. Sex

Fem.

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

John Mac Ronald
deceased

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

March 28 - 1870

8. AGE:

Years

Months

Days

If less than one day

78829

hrs.

min.

9. Birthplace

New Jersey
(Town, county and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Walter Appleford

13. Birthplace

England

MOTHER

14. Maiden name

Mary A. Freda Sker

15. Birthplace

New Jersey

16. Informant

Mrs. Clay Cooper

Address

Church Hill Ind

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

Dec. 27 - 1948
(month) (day) (year)

Cemetery or crematory

Cranbury Cem.

Location

Cranbury, New Jersey

18. Funeral director

Edgar L. Lane

Address

Church Hill Ind

19.

12/28
(Date rec'd by registrar)1948 Edgar L. Lane

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23 194821. CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 21 1948 to Dec 23 1948and that I last saw him Dec 22 1948Immediate cause of death arterio-sclerotic heart disease



MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:

County Queen Anne's
 City or town Chestertown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind County Queen Anne's
 City or town Chestertown
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

I Helen Caroline Kask

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife Arthur J. Kask

7. Birth date of deceased (mo., day, yr.) Feb. 2 - 1893
 6. (c) If alive, give age 55 years

8. AGE: Years 55 Months 10 Days 26 If less than one day
 hrs. min.

9. Birthplace Baltimore Ind
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Samuel Seymour13. Birthplace Baltimore Ind.14. Maiden name Margaret Kask15. Birthplace Baltimore Ind16. Informant Mr. Arthur KaskAddress Chestertown Ind

17. Burial Date thereof Dec 31-1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. OlivetLocation Baltimore Ind18. Funeral director Edgar R. LaneAddress Church Hill Ind.

19. Dec. 31 19 48 Elizabeth Foster
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 19 48 at 2 a.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
December 27 19 48 to Dec. 28 19 48
 and that I last saw him alive on Dec. 28 19 48

Immediate cause of death Cerebral hemorrhage
 Due to Arteriosclerosis
 Due to Nephro-sclerosis

Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Theodor Sattelmayer M.D.
 Address Stevensville Date signed 12/29/48

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JAN 4 1949

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH: *Kent Queen Anne*
 County.....
 City or town.....*Chester*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *all of life*
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....*Md.* County.....*Queen Anne*
 City or town.....*Chester*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3.(a) FULL NAME

Jacob B. Tolson

3.(b) Social Security Number

None

4. Sex.....*Male* 5. Color or race.....*white* 6.(a) Single, married, widowed, or divorced.....*married*
 6.(b) Name of husband or wife.....*Bessie M. Tolson*
 7. Birth date of deceased (mo., day, yr.).....*May 21, 1879*
 8. AGE: Years.....*69* Months.....*7* Days.....*6* If less than one day.....hrs.min.

9. Birthplace.....*Chester Queen Anne Md*
 (Town, county, and state)
 10. Usual occupation.....*Oyster packer*
 11. Industry or business.....

12. Name.....*James E. Tolson*
 13. Birthplace.....*Kent Island, Md*
 14. Maiden name.....*Victoria Lewis*
 15. Birthplace.....*Kent Island Md*

16. Informant.....*Mrs. Bessie M. Tolson*
 Address.....*Chester - Md.*

17. *Bessie* Date thereof.....*Dec. 30, 1948*
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....*Stevensville*
 Location.....*Stevensville Md.*

18. Funeral director.....*Maurice E. Thorman, Jr.*
 Address.....*Easton Maryland*

19. *Dec 30* 19 *48* *Elizabeth Hoyer*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....*Dec. 27* 19 *48* at *7* a.m.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from
Dec. 26 19 *48* to *Dec. 27* 19 *48*.
 and that I last saw him alive on *Dec. 27* 19 *48*.

Immediate cause of death.....*Coronary Thrombosis*
 Due to.....*Arteriosclerosis*
 Due to.....*diabetes mellitus*
 Other conditions.....*multiple sclerosis*

DURATION
Dec. 26
1948.

15 years
5 years

(Include pregnancy within 3 months of death)
 Major findings of operations.....
 Date of op.
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE.....*Theodor Sattelmeyer M.D.*
 Address.....*Stevensville* Date signed.....*12/28/48.*

RECEIVED

JAN 4 1949

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12783

Reg. Dist. No. 252

1. PLACE OF DEATH: Queen Anne
County Centerville
City or town Centerville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? about 35 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MD County Queen Anne
City or town Centerville
(If outside city or town limits, write RURAL and give nearest town)
Street No. Centerville
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME William Walton

3. (b) Social Security Number

4. Sex Male 5. Color White 6. (a) Single, married, widowed, or divorced Single
6. (b) Name of husband or wife Don't know
7. Birth date of deceased (mo., day, yr.) 1884 6. (c) If alive, give age years

8. AGE: Years 64 Months Days If less than one day
hrs. min.

9. Birthplace Don't know
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Don't know

13. Birthplace

14. Maiden name Don't know

15. Birthplace

16. Informant Mary Barnes (niece)

Address Centerville Md

17. Burial Date thereof Dec 24-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery (Private)

Location nr. Centerville Md.

18. Funeral director Sam E. Henry

Address Centerville Md.

19. 12-22-48 Elie Arnelong
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21-48 at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10 1948 to Dec 21-48 1948
and that I last saw him alive on Dec 10-48 1948

Immediate cause of death

DURATION

Mitral Regurgitation

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature W. D. Henry Fisher

23. SIGNATURE W. D. Henry Fisher M. D. or other

Address Centerville Md Date signed 12/21-48

MARGIN RESERVED FOR BINDING

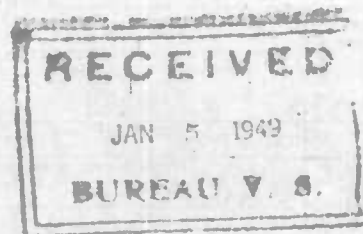
VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATION TO THE PRISON AT MAYAGÜEZ

STATION TO THE PRISON AT MAYAGÜEZ

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for
sp. h.